

**DEPARTMENT OF PUBLIC WORKS
MOTOR VEHICLE SERVICES
APPLICATION FOR PARKING PERMIT/LICENSE PLATES
FOR INDIVIDUALS WITH A DISABILITY**

APPLICANT'S MEDICAL REVIEW REPORT

APPLICANT'S INSTRUCTIONS

Complete this side of the report with all the information that applies to you. Sign in the space provided below. Have your physician complete the applicable sections of this form and return it to Motor Vehicle Services. If you have a medical condition, please have your physician complete **SECTION A** on the back of this form. If you have a visual condition, please have your ophthalmologist or optometrist complete **SECTION B** of this form. **SECTION C** is to be completed by the Medical Review Unit, Motor Vehicle Services.

APPLICANT INFORMATION

NAME

RESIDENCE ADDRESS

WASHINGTON, D.C.

ZIP CODE:

GENDER: [M] OR [F]

HEIGHT:

WEIGHT:

EYE COLOR:

HAIR COLOR:

SS NUMBER:

DATE OF BIRTH:

TELEPHONE NUMBER (HOME):

TELEPHONE NUMBER (OFFICE):

HP TAG NUMBER:

PLACARD NUMBER:

Do you take any prescribed medication? [] Yes [] No

If yes, list your medicines, dosage and time(s) taken below

NAME OF MEDICINE

DOSAGE

TIME(S) TAKEN

Have you experienced a blackout, seizure, loss of consciousness, or syncope? [] Yes [] No If yes, Please explain what happened during the episode. _____

[] The applicant swears or affirms that he/she will use the license tags granted by this Department as provided in Chapter 27 of Title 18, District of Columbia Municipal Regulations, and he/she understands that these Handicapped tags are not transferrable to any other person, but are intended for the use of the applicant only.

[] The applicant swears or affirms that he/she will use the handicapped placard granted by this Department as provided in Chapter 27 of Title 18, District of Columbia Municipal Regulations, and he/she will have the designated driver to display this handicapped placard only when the applicant is a passenger of the vehicle where this placard is displayed.

APPLICANT'S SIGNATURE:

DATE:

PHYSICIAN'S STATEMENT - This section of the form must be completed by a licensed physician.

SECTION A: MEDICAL INFORMATION

1. How long has this individual been your patient? _____
2. When was the patient last examined by you? _____
3. What is your diagnosis? _____
4. Is there a significant physical or mental disorder? ☐ Yes ☐ No If yes, give details: _____
5. Is a seizure disorder present? ☐ Yes ☐ No If yes, complete the following: (A) Date of last episode: _____
(B) History of previous episode(s): _____ EEG results: _____
6. Please list all prescribed medications: _____
7. Has the patient been hospitalized as a result of the above diagnosis? ☐ Yes ☐ No If yes, complete the following. Reason for admittance: _____
Dates hospitalized: _____. Patient's mental and/or physical ability when released: _____
8. Does this individual require adaptive equipment to operate a motor vehicle? ☐ Yes ☐ No
9. In your opinion, is the individual medically capable of operating a motor vehicle? ☐ Yes ☐ No

I certify that _____, qualifies ☐ or continues to be qualified for ☐ special parking privileges based upon the disability checked below:

- ☐ The applicant has a severe permanent physical, disability as certified by a licensed physician and as determined by the Director, to be permanent. This disability substantially impairs the individual's mobility and may require the aid of a mechanical device. The term mechanical device, for purpose of this section, includes wheelchairs, scooters, walkers, crutches, prosthesis, and may include canes or;
- ☐ The applicant has a severe physical disability as certified by a licensed physician, and determined by the Director, that is not permanent. This disability is expected to substantially impair the individual's mobility for no less than 5 weeks or,
- ☐ The applicant has a severe respiratory disease as certified by a licensed physician and determined by the Director after consideration of the extent that the Arterial PO₂ is less than 60 mm hg, the Forced Vital Capacity ("FVC") is less than 50% of the predicted value, the Forced Expiratory Volume in 1 second ("FEV₁") is less than 40% of the predicted value and the FEV₁/FVC is less than 40% of the actual value when measured in liters by a spirometer based on predicted normal values for the individual's gender, age, and heights as set forth in the "American Medical Association Guides to the Evaluation of Permanent Impairment", 4th ed Chicago American Medical Association, 1993

PRINT PHYSICIAN'S NAME	SIGNATURE	TELEPHONE NUMBER
ADDRESS	CITY/STATE/ZIP CODE	TODAY'S DATE

OPHTHALMOLOGIST OR OPTOMETRIST STATEMENT - To be completed by an Ophthalmologist or optometrist. This examination should be conducted without the aid of an bioptic telescopic device.

SECTION B: VISUAL INFORMATION

Visual Acuity Without Glasses	Right Eye 20/	Left Eye 20/	Both Eyes 20/	Horizontal Vision Field	Right Eye	Left Eye	Both Eyes
Visual Acuity With Glasses	Right Eye 20/	Left Eye 20/	Both Eyes 20/	If One Eye Only	Temporal	Nasal	

PRINT OPTHALMOLOGIST OR OPTOMETRIST NAME	SIGNATURE	TELEPHONE NUMBER
ADDRESS	CITY/STATE/ZIP CODE:	TODAY'S DATE.

SECTION C: MEDICAL REVIEW UNIT

This section of the form must be completed by the Director of Public Works or his/her designee.

Based on the information submitted the applicant is hereby ☐ Approved ☐ Disapproved for services. The applicant's condition is considered ☐ permanent or ☐ temporary, based on the following type of disability: _____

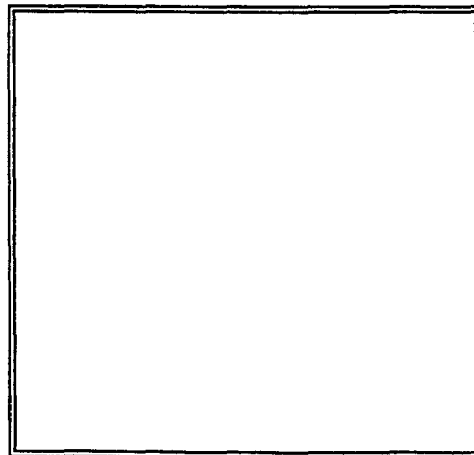
MEDICAL REVIEW UNIT EMPLOYEE'S SIGNATURE AND DATE

NOTARY PUBLIC

_____, being duly sworn, deposes and says that [he] or [she]
is the individual making the foregoing application for Handicapped Tags or a Handicapped Placard. The answers to the foregoing questions and other statements contained in this application are true to his or her own knowledge and belief.

Sworn or affirmed before me this ____ day of _____, 19 ____

Notary Public: _____



PLEASE PLACE SEAL HERE

DISTRICT OF COLUMBIA GOVERNMENT
Department of Public Works
Bureau of Motor Vehicle Services

INSTRUCTIONS FOR PREPARING DISABILITY REPORTS
WHEN CERTIFYING A NEED FOR HANDICAPPED PARKING
PRIVILEGES ON THE PHYSICIAN'S VOUCHER

In order to obtain a handicapped permit or handicapped tags the private physician may be required to forward to the Bureau of Motor Vehicle Services a medical report which documents the presence of a medically determinable impairment which significantly impairs ambulation. Impairments are considered to be medically determinable if they manifest themselves as signs of laboratory findings, apart from symptoms. Abnormalities which manifest themselves only as symptoms are not medically determinable. When the medical report suggests the presence of a condition that would impair safe driving then appropriate restrictions will be placed on the applicant's driving privileges.

The medical report must be signed by a duly licensed physician and such a report should contain the applicant's medical history relating to the impairment or impairments which affect ambulation. The report must contain a description of a physical examination and such supporting laboratory and X-Ray reports needed to determine the nature and severity of the impairment.

CATEGORY A of the Physician's Voucher refers to a disability for which the patient has permanently lost the use of one or both legs. In some instances the functional impairment resulting from the disability will be readily apparent on inspection alone e.g., the patient with an a/k amputation of a leg. In the latter instance an explanation must still be provided but may be brief and placed on the Physician's Voucher under the space provided for an explanation of the disability. If the Medical Reviewers find an explanation of any disability to be inadequate then the patient will be notified that additional medical information is needed from the Private Physician.

CATEGORY B of the Physician's Voucher refers to a disability severe enough to require the use of a mechanical device in order to be mobile. The same reporting criteria apply to B as in A above.

CATEGORY C of the Physician's Voucher refers to pulmonary disabilities and it will be necessary for the physician to submit the pulmonary function tests and arterial blood gas reports with an interpretation of these tests. The test results must meet the criteria outlined under category C of the Physician's Voucher.

CATEGORY D of the Physician's Voucher refers to those permanent disabilities not included under A, B, or C above.

The more common disorders present under category D are listed in the section entitled "listing of impairments." Impairments in category D will require the forwarding of medical reports as described above which contain the applicant's medical history related to the impairment with a description of a physical examination and supporting laboratory and X-Ray reports. Applicants issued Handicapped Tags under category D may be required to periodically recertify the presence of that disability at intervals determined by the Director.

CATEGORY E of the Physician's voucher refers to a temporary disability which in many instances will require only a brief description of the nature of the disability and its anticipated duration. This may be written or typed on the Physician's Voucher in the space provided.

CARDIOVASCULAR SYSTEM

The criteria for evaluating impairment resulting from heart diseases or diseases of the blood vessels are based on symptoms, physical signs and pertinent laboratory findings.

SEVERE CARDIAC IMPAIRMENT results from one or more of three consequences of heart disease: (1) congestive heart failure; (2) ischemia (with or without necrosis) of heart muscle; (3) conduction disturbances and/or arrhythmias resulting in cardiac syncope.

CONGESTIVE HEART FAILURE is not considered to be established for the purpose of disability unless there is vascular congestion such as hepatomegaly or peripheral or pulmonary edema which is consistent with clinical diagnosis. (Radiological description of vascular congestion unless supported by appropriate clinical evidence should not be construed as pulmonary edema.) Other congestive, ischemic, or restrictive (obstructive) heart diseases such as caused by cardiomyopathy or aortic stenosis may result in significant impairment due to congestive heart failure, rhythm disturbances or ventricular outflow obstruction in the absence of left ventricular enlargement; however, clinical findings should be documented and diagnosis confirmed by echo cardiography or at cardiac catheterization.

ISCHEMIC HEART DISEASES may result in a marked impairment due to chest pain. Description of the pain must contain the clinical characteristics typical for anginal pain and the clinical impression of pain of cardiac origin must be supported by objective evidence from electrocardiogram, exercise testing, coronary arteriography, left ventriculography, echocardiography and other tests.

RECENT ARRHYTHMIAS (not due to digitalis toxicity) resulting in uncontrolled repeated episodes of cardiac syncope and documented by resting or ambulatory electrocardiography are incompatible with safe driving.

ANEURYSM OF AORTA OR MAJOR BRANCHES (documented by roentgenographic evidence). With:

1. acute or chronic dissection not controlled by treatment
2. congestive heart failure
3. renal failure
4. repeated syncopal attacks

PERIPHERAL ARTERIAL DISEASE with:

1. Intermittent claudication with confirmation of arterial occlusion on arteriogram
2. intermittent claudication with marked impairment of arterial circulation as determined by Doppler studies showing:
 - a. resting ankle/brachial systolic blood pressure ratio of less than 0.50; or
 - b. decrease in systolic blood pressure at ankle or exercise to 50 percent or less of preexercise level and requiring 10 minutes or more to return to preexercise level; or
 - c. amputation at or above the tarsal region due to peripheral arterial disease

DISORDER OF THE WEIGHT BEARING JOINTS primarily refers to the hip, ankle and knee joints.

ACTIVE RHEUMATOID ARTHRITIS AND OTHER INFLAMMATORY ARTHRITIS should be associated with symptoms of persistent joint pain, swelling or tenderness and signs of joint inflammation (swelling and tenderness) on current physical exams despite prescribed therapy for at least 3 months, resulting in significant restriction of function of the affected joints. Corroboration of diagnosis at some point in time by either:

1. positive serologic test for rheumatoid factor; or
2. antinuclear antibodies, or
3. elevated sedimentation rate; or
4. characteristic histologic changes on biopsy

ARTHRITIS OF A MAJOR WEIGHT BEARING JOINT (DUE TO ANY CAUSE) would meet eligibility if there is a history of persistent joint pain and stiffness with signs of marked limitation of motion or abnormal motion of the affected joint on current examination with:

1. a gross anatomical deformity of the joints (e.g., subluxation, contracture, bony or fibrous ankylosis or instability) supported by x-ray evidence of either significant joint space narrowing or significant bony destruction and markedly limiting ability to walk or stand; or,
2. reconstructive surgery or surgical arthrodesis of a major weight bearing joint and return to full weight bearing status did not occur and is not expected to occur.

OSTEOMYELITIS OR SEPTIC ARTHRITIS (established by X-ray) would meet eligibility criteria if:

1. located in the pelvis, vertebra, femur, tibia, or a major joint of the lower extremity with persistent activity or occurrence of at least two episodes of acute activity within a five month period prior to application for handicap disability and manifested by local inflammatory and systemic signs and laboratory findings and where the condition is expected to be permanent despite therapy; or
2. multiple localizations and systemic manifestations as in A above.

AMPUTATIONS OF ONE LOWER EXTREMITY (at or above the tarsal region):

1. hemipelvectomy or hip disarticulation, or
2. amputation at or above the tarsal region due to peripheral vascular disease or diabetes mellitus; or
3. inability to use a prosthesis effectively without obligatory assistive devices, due to one of the following:
 - a. vascular disease; or
 - b. neurological complications (e.g., loss of position sense); or
 - c. stump too short or stump complications persistent, or are expected to persist permanently; or
 - d. disorder of contralateral lower extremity which markedly limits ability to walk and stand

FRACTURE OF THE FEMUR, TIBIA, TARSAL BONE OR PELVIS with solid union not evident on X-ray and not clinically solid when such determination is feasible.

LISTING OF IMPAIRMENTS

MUSCULOSKELETAL SYSTEM

LOSS OF FUNCTION may be due to amputation or deformity. Pain may be an important factor but it must be associated with relevant abnormal signs or laboratory findings. Evaluations of musculoskeletal impairments should be supported by detailed descriptions of the joints, including ranges of motion, condition of the musculature, sensory or reflex changes, circulatory deficits, and x-ray abnormalities.

DISORDERS OF THE SPINE associated with vertebrogenic disorders result in impairment because of distortion of the bony and ligamentous architecture of the spine or impingement of a herniated nucleus pulposus or bulging annulus on a nerve root.

Impairment caused by the above may improve with time or respond to treatment. Appropriate abnormal physical findings must be shown to persist on repeated examinations despite therapy for a reasonable presumption to be made that severe impairment will be permanent. This may occur in cases with unsuccessful prior surgical treatment. A clinical diagnosis must be established on the basis of adequate history, physical examination and x-ray findings.

The history must include a detailed description of the character, location and radiation of pain, mechanical factors which incite and relieve pain, prescribed treatment, including type, dose and frequency of analgesics.

There must be a detailed description of the orthopedic and neurologic examination findings. The findings should include a description of gait, limitation of movement of the spine given quantitatively in degrees from the vertical position, motor and sensory abnormalities, muscle spasm, and deep tendon reflexes.

ARTHRITIS where manifested by ankylosis or fixation of the cervical or dorsolumbar spine at 30 degrees or more of flexion measured from the neutral position with x-ray evidence of:

1. calcification of the anterior and lateral ligaments; or
2. bilateral ankylosis of the sacroiliac joints with abnormal apophyseal articulation; or

OSTEOPOROSIS, generalized (established by x-ray) manifested by pain and limitation of back motion and paravertebral muscle spasm with x-ray evidence of either:

1. compression fracture of a vertebral body with loss of at least 50% of the estimated height of the vertebral body prior to the compression fracture, with no intervening direct traumatic episode; or
2. Multiple fractures of vertebrae with no intervening direct traumatic episode; or

OTHER VERTEBROGENIC DISORDERS (e.g., herniated nucleus pulposus, spinal stenosis) with the following persisting for at least 3 months despite prescribed therapy and expected to be permanent. With both 1 and 2:

1. pain, muscle spasm, and significant limitation of motion in the spine; and
2. appropriate radicular distribution or significant motor loss with muscle weakness